Canad. M. A. J.
Jan. 28, 1961, vol. 84

DEVIANT SEXUAL BEHAVIOUR AND THE SEX CRIMINAL

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WHILE IT IS TRUE that the average man in our Western civilization spends a great deal of his waking life fantasying and ruminating over sexual matters, it is difficult to estimate just what proportion of his time this occupies. It is likely true that the time spent thinking about such matters is markedly disproportionate to the time spent in real sexual activity. It is also true that one of the striking differences between the commission of a crime and the restraining of oneself from such commission is merely the difference between thinking a thought and acting out a thought. The inhibiting effect of a social and moral conscience is usually the differentiating factor. If the thinking about criminal deeds was equally as much a crime as the commission of such deeds, then we would likely all be criminals at one or other time in our lives.

Where social and moral conscience is weak or absent, a psychopathic or sociopathic personality is usually in existence. Or to put it in a simpler manner, whereas a normal person respects and is aware of the difference between right and wrong, so too is a psychopath often aware of social wrong, except that he does not *care* about it. He is thus able to carry out antisocial behaviour without the pangs of conscience that most "normal" persons would experience. Where such activity involves sexual behaviour, he may become a sex criminal (but such criminals are not necessarily all psychopathic personalities). This will also depend upon whether or not he is discovered by the law, or apprehended by the law. This raises a perplexing question. Does a crime occur whenever behaviour described as criminal by a criminal code takes place, or only if law enforcement bodies know of it? For the answer to this, we must ask help from our legal colleagues.

The element of conscience need not be involved in a so-called sex crime, however. Even if this action follows mutual consent between two adult homosexuals and neither calls upon the law to intercede, the action can still be considered criminal if a legal officer learns of it. In some states in the U.S.A., various deviant sex practices between a man and a woman are crimes punishable by law even with mutual consent between the two, should the law be informed.

The increasing overt interest in our civilization regarding sexual matters in the past few years (as witnessed by the popularity of certain novels, plus the sexual themes of the majority of successful motion pictures) is commonly accepted, but not without concern, by many. It is difficult to believe that such public interest was not as marked in the Victorian era, although of course in a more subdued manner. So often, "wrong", "guilt", "sin", and similar terms are applied to sex, and being a "good" or "bad" person involves one's handling of one's sexual activities, thoughts and interests.

A combination of public concern over sexual matters in general, plus mounting interest in the causation of sex crimes, disposal and rehabilitation of the criminal population and the sex criminal in particular, has led to the writing of this paper.

What follows below combines the author's experience in the treatment of patients with sex deviations (with some personal reflections therefrom), plus gleanings from the reports of colleagues and other authors who have dealt with similar patients in recent years.

The public reaction to sex deviation of any sort—always stronger when children are involved—is one of alarm, resentment, and disgust, and with varied prejudice against the one who commits the deed. For years now, the public trend has been turning to the realization that such persons are ill—socially if not medically—and that prison alone is not the answer to their problem.

The inflammatory reaction of such deeds upon the public may produce temporary chaos and emotional turmoil, but may often bring about a worthwhile outcome, as happened in the city of Toronto six years ago. Three Toronto housewives, as a result of their concern over several sex crimes involving children in that city in 1954-55, banded together to found the "Parents' Action League", a lay organization dedicated to the pursuit and dissemination of knowledge about sex crimes, and research into treatment and possible prevention of such phenomena. An impressive list of psychiatrists, medical men, psychologists, legal personnel, politicians and lay persons were involved in the creation of the body, which received much public support, and support from the lay press. As a result of its efforts, and pressure directed by it upon the Ontario Provincial Government, the "Forensic Clinic"—an affiliate of the Toronto Psychiatric Hospital and the University of Toronto Department of Psychiatry—was born. The clinic was not entirely oriented to sex deviates even at first, although interest was predominantly in sexual deviation at that time. The Parents' Action League[1] branched out, as a lay organization, to concern itself also with juvenile delinquency, salacious literature, education in the schools regarding accepting rides from strangers, and other pertinent areas of concern. Chapters formed throughout the province, and interest in the organization spread through the nation and to the U.S.A.

Why do (usually) men commit sex crimes, and what are the most common types? The breakdown of statistics for new cases seen in 1958 from the Forensic Clinic in Toronto[2] indicates that the most common types of antisocial sexual behaviour are

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homosexuality, exhibitionism, and pedophilia. Of 179 new patients seen in 1958, only six were suffering from psychoneurotic disorders and 13 were schizophrenic; the majority of the remainder were persons with disorders of character, behaviour and intelligence, but not necessarily victims of mental or emotional illness as we know it.

Table I indicates the frequency of the more common types of sex crime in the city of Edmonton (population about 250,000) for the years 1957-59 inclusive, as described by the Edmonton City Police.

TABLE I.

Sex crimes as described by the city of Edmonton police department	*1957*		*1958*		*1959*	
	Occurrences reported	*Arrests or summonses*	*Occurrences reported*	*Arrests or summonses*	*Occurrences reported*	*Arrests or summonses*
(a) Exhibitionism and indecent acts (other than urinating on street, etc.)	52	18	68	15	83	15
(b) Rape	8	6	16	10	15	18*
(c) Sexual assaults involving female children	18	10	25	16	20	12
(d) Homosexual acts involving adults	3	4	6	6	4	2
(e) Homosexual offences involving children	10	6	8	4	7	5
(f) Bestiality	2	1	2	1	0	0

*More than one male involved in some of these offences and therefore multiple arrests.

Hammer and Glueck[3] studied 200 male sex offenders at Sing Sing Prison, under a program sponsored by the New York State Department of Mental Hygiene, over a period of five years, and concluded that sex offenders have *castration fears* (but not necessarily consciously) in the following order of increasing intensity, according to the crime committed: (1) rape, (2) heterosexual contact with adolescents and children, (3) homosexual actions with adolescent partners, and (4) homosexual action with child partners. [*Castration fears* refers to the conscious or subconscious anxiety experienced by men with reference to loss of, or threats to their masculinity, virility, physical appearance, etc. Men with such a problem often have difficulty relating easily to women, feel inferior, and so forth.] The continuum, from rapist to homosexual pedophilia, appears to represent in parallel fashion the increasing intensity of castration feelings on the one hand, and the correspondingly greater distance from the mature female as a potential sexual object on the other. Incest subjects were found to be the most overtly psychotic, and also to harbour the most intense castration feelings. The view held by these authors is that the sex offender presents an attempt on the part of the offender to employ *substitute* sex outlets for the mature female, because of the threatening potential, both psychosexually and psychosocially, with which she is endowed. Almost every one of the subjects exhibited feelings of fear (as a reaction to massive Oedipal entanglements) of approaching *mature* females psychosexually.

As in the case of obesity, hopes for endocrinological causation of sex deviation are legion, but rarely realized in fact. So also is the case in physical treatment of sexual aberration, especially with the use of hormonal substances. One study[4] has shown that sex offenders have a low average 24-hour 17-ketosteroid excretion, though not statistically significant. A recent report[5] from the Verdun Protestant Hospital in Montreal showed that stilbestrol was of definite value in suppressing undesirable and socially uninhibited sexual behaviour in only six of the 15 chronic mental hospital patients on whom it was tried. These could well be persons without the finer attributes of personality functioning, and thus personally unbiased subjects for such research.

Castration of sexual offenders is permitted by law in many countries, notably Norway.[6] If it is effective, likely its value is due to the psychic trauma and fear inflicted, and not to specific physiological or psychological treatment as such. This practice in some ways resembles that of some ancient civilizations, which amputated the hand of a criminal because of theft.

Lieberman and Siegel[7] reported on a program for the treatment of sex offenders at a state hospital in California over a period of two years from 1952 to 1954. In 284 patients involved, 50% of the crimes were perpetrated upon children below the age of 14. For the most part, this did not involve sexual intercourse. About one-half were returned to the courts after a 90-day observation period as untreatable. Of the remainder, the results of an intensive treatment program proved gratifying—centring mainly on group psychotherapy. Three-quarters of the group were discharged as improved and preliminary studies showed a low percentage of recidivism.

In contrast, Glueck[8] studied 30 pedophiles, 30 rapists, and 50 non-offenders as controls. Among other features, a serious impairment of social and moral conscience formation and resultant impairment of the restraining effect of conscience on overt behaviour was noted (this smacks strongly of the psychopathic personality). Because of the *lack* of improvement in the majority of men treated in individual group therapy in his series, organic therapies of various types were employed. The immediate post-treatment results in a group of sex offenders treated intensively with electroconvulsive

therapy showed more promise than other measures. This is remarkable in view of the fact that few psychiatrists would ever consider this treatment for sexual deviation *per se*. The author noted that the serious character of the psychopathology in sexual offenders made psychotherapeutic approaches quite ineffective. In psychiatric research, particularly in the therapeutic area, personal bias and faith by the worker involved, often plays a part in the outcome, so far as opinion about "improvement" is concerned.

The Forensic Clinic in Toronto reported a high percentage of failed appointments in 1958[2]—23% as against actual attendance. A similar finding is noted in the 1959 Annual Report from the clinic. This is not surprising in view of the high degree of character disorder present. Such persons often fail to develop close relationships with their doctors in a treatment program, and often fail to accept responsibilities of many kinds, including the keeping of appointments. The majority of new patients in 1958 were young; only 10% were over 40 years, 24% being between 20 and 24 years, and 20% between 16 and 19 years.

In group therapy with voluntarily referred homosexuals,[9] sexual relationships between members have developed. One aggressive member had to leave when he began acting out against passive members. Difficulties developed because of strong resistances offered by many men with character disorders. It was felt that a few, but by no means all of the group, were being definitely benefited by treatment.

There seemed to be general improvement in a group of exhibitionists, and also in a group of pedophiles, but repeat offences took place, although the incidence was low. Eight of twelve voyeurists were treated, and three improved.

The Clinic, created originally under the leadership of Dr. Peter Thomson, and now directed by his successor, Dr. Edward Turner, is enthusiastic about the future, in terms of its potential for research, teaching and treatment.[10]

A few typical case histories, involving the more common type of sex crime, are given below, taken from the author's personal files. It is apparent in most cases how prevalent the theme of masculine inferiority appears.

CASE 1.—A 27-year-old artist and office worker, a British Army veteran, was referred from the courts because of exhibitionism. He was reported to the police after exposure to a female guest he had never seen before, at a social gathering one evening. He was married with one child, intelligent, personable and well motivated. His domineering and hostile father always told the patient as a boy, "You'll never amount to anything! You'll never be much of a man." He was handsome, of athletic build, short, and always timid in locker rooms about exposing himself to other men. He had a history of periodic exhibitionism with erect penis to women of varied ages—without concern for intercourse, although it might be offered by the "victim". A shocked expression would be his greatest delight. He was, in effect, saying—"Look at me—I really am a man, am I not?" He experienced great concern about feelings of inadequacy. There was some improvement with psychotherapy, in that the patient ceased to exhibit himself, and he expressed improvement in his feelings of his own masculinity and personal confidence.

CASE 2.—A 44-year-old member of the Armed Forces was referred in lieu of a prison sentence after making improper advances and suggestions to a neighbour's 12-year-old daughter. Her parents were most generous in not pressing charges, provided he sought treatment. A "Don Juan" as a younger man, he had continually to assert his masculinity; by this it is meant that he was sexually promiscuous, having innumerable affairs with successive partners. Such men have profound but unconscious doubts about their abilities as lovers, and continually have to keep proving to themselves that they are adequate in this regard, by successive ventures (e.g. the career "playboy" type of individual). He had been drunk (and therefore with lowered inhibitions) at the time of the offence. His first wife divorced him because he committed adultery. His second wife was frigid and denied him intercourse because of dyspareunia and gynecological difficulties. A combination of "ageing" plus unavailability of partners plus sexual frustration led to the seeking of an "easy mark". Although he claimed amnesia for the event, witnesses stated he was not deeply inebriated, so this was likely malingering to save face. His marked depression and guilt afterwards, plus lack of assaultiveness in experience with women before, suggested a favourable prognosis. His reactive depression seemed genuine. In interviews, he revealed long-term feelings of personal inferiority comparing himself with other men.

CASE 3.—A 29-year-old clerk from Edmonton was referred because of homosexual invitations to other men. He had much anxiety over his homosexual tendencies. His usual contact consisted of his being masturbated by his partner, with no other activity involved. Outlets would always be sought whenever he was depressed over his financial and situational difficulties, at which times he would feel inferior, inadequate and not enough of a "man". He was married, with two children. He felt that he was feminine in voice and appearance and wished he might lose his hair because it was thick and curly, and possibly feminine-appearing to others. He was actually not at all effeminate-looking. He experienced marked prevalent feelings of inadequacy and inferiority. His greatest thrill in being masturbated was to have his penis *pulled* upon. In effect, he was unconsciously asking other men to castrate him and therefore feminize him, i.e. pull his penis away from his body. Early in his course of therapy, he kept asking for "surgical" operation to his genitals, i.e. castration.

The strong feelings of reactive anxiety seen initially in treatment suggested that the long-term prognosis was favourable. At the time of writing, this man had been under treatment for ten months. Whenever he did seek occasional homosexual outlets after therapy began, it always followed a period of frustration over financial difficulties, strained personal relationships at work, and so on, wherein he would feel most inade-

quate and unworthy. The frequency of such contacts was markedly reduced as a result of psychotherapy. As well, his feelings of personal worth and adequacy and feelings of masculine self-esteem improved considerably.

CASE 4.—A 15-year-old youth was referred from the Edmonton Juvenile Court Detention Home after it was reported to police that he had removed the underclothing from a four-year-old girl behind his house and apparently ejaculated upon her, frightening her to an extreme degree. This had happened at least once before with the same child, and the reddened appearance of her external genitals, as seen by a medical examiner, confirmed her story. The youth denied the charge, stating that he took her there to show her his rabbits, and that one of them had urinated upon her and one upon him at the same time. He was quite sullen, withdrawn and hostile and had a poor school record (several failed terms) with apparent retarded level of intelligence. His voice was high-pitched. His social behaviour and clinical record strongly suggested the picture of an incipient schizophrenic breakdown. Because of this, the gravity of the problem, and his denial of, and inability to appreciate the whole issue, as well as his intractability to the interview situation, it was strongly recommended that he be detained under observation in the Oliver Mental Institute as the immediate prognosis and potential response to treatment was unfavourable. Inability of his mother to grasp the severity of the situation also underlined the necessity of barring his return to the community, and emphasized the need for residential treatment. She saw him only as a "good boy", and planned to send him to university ultimately.

CASE 5.—An 18-year-old student barber admitted great anxiety over his attraction to other men in which he fantasied himself in, or behaved actually as the female partner, in intercrural intercourse. He was extremely boyish-looking, of low average intelligence and quite effeminate in appearance and behaviour. He exhibited very little spontaneity and was quite shy and introverted in the interview situation. This problem had been present since the onset of puberty. The heavy constitutional element in this case, plus poor material as a long-term psychotherapeutic case, all led to the erroneous estimate of a poor prognosis. He experienced strong feelings of personal inadequacy and inferiority both as an individual and in the social scene, and was most uncomfortable in the presence of girls. Previous individual and group therapy had failed. Psychotherapeutic interviews were directed at bolstering this lad's feelings about himself as a person, and in the course of treatment the therapist became a decided paternal figure to him. With the help of meprobamate medication and such psychological support, his symptoms of anxiety and depression abated, rumination about himself as feminine-like lessened in intensity, and his interest in girls became much stronger. As well, he began going out on dates with the opposite sex, and developed much more self-confidence in general.

CASE 6.—A 39-year-old merchant, several years before, had been charged in Juvenile Court with indecent assault concerning a minor. Many young children frequented his store and on occasion he would be attracted to preschool-age girls, taking their hands and placing them upon his genitals through his trousers. When one such child reported him to her parents, he was arrested, and subsequently referred for therapy. He was a respectable member of the community, was married and had two children. Always shy of women, he had entered marriage uninitiated to sexual activity. In the Armed Forces, he had much opportunity for intercourse but was never able to "follow through". On one occasion he slept all night with a prostitute, but could not "work up the nerve" to have relations with her. In treatment by two successive psychiatrists he lost his interest in female children and coincidentally developed an improved attitude in his feelings about his own masculine abilities. As well, his fantasies about sex moved from prostitutes to women of his own social status, and in fact lately to a possible affair with a sister-in-law. The latter was not attempted, but at least indicated a progressive "maturity" in sexual yearnings. Initially he had selected rather "helpless" partners who would offer no resistance. In sexual relations with his wife he had always been passive and had never taken the initiative.

CASE 7.—A 20-year-old service man, in the army 1½ years, was arrested because of indecent exposure to a young married woman in the laneway outside her yard. This occurred on impulse; he had never seen her before. Referred after being placed on probation, he admitted that for several years he had been stealing women's underclothing from clothes lines and that he had used these to excite himself during masturbation, ejaculating into them and then destroying them. He used to steal his own sisters' underclothing for this practice. He was one of four children, the others all girls. He admitted morbid shyness in the company of women. On the three occasions he had had intercourse, he always needed liquor to fortify himself. He admitted to a heightened feeling of sensual pleasure during the brief exposure, but felt "stupid" afterwards. His mother, rather than his father, used to administer beatings and punishments when he was younger. He stated that he used only *used* women's underclothing, never brand-new. This patient exhibited combined perversion in the forms of fetishism and exhibitionism. The ultimate prognosis was thought to be poor in view of the schizoid make-up of the patient, and his dull intellectual level. He was described by his superiors as being sheepish and an inadequate soldier. Several months after his original referral, in which time follow-up interviews were carried out, there had been no further attempt to carry out either act. Likely, fear of punishment was a strong deterrent factor in this case.

DISCUSSION

The number of children and adults who die annually from sex crimes is minimal, compared with the number who die from other crimes, accidents and diseases. There is a common misconception on the part of the public that exposure to sex deviates in childhood, of itself, will lead to later neurosis or emotional and/or sexual maladjustment. Isolated episodes such as these do not likely have lasting effects, if the child involved is basically emotionally healthy. Prevalent concern over sexual sensationalism is a characteristic of our society, and may well belie our own inner anxiety about sexual matters. To think of sex deviates as

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being "ill" and requiring treatment as well as, or rather than, a prison sentence is humane.

Since most sex deviates are *not* inclined to violence or assault (excluding rapists and deviates with sadistic tendencies), there would seem to be no need for mass removal of such persons from the community for a prolonged period of time. A great deal needs to be done as yet regarding public education in this matter, and it goes without saying that a wealth of research is yet required in this field. Research helps often to determine *what* is going on, but unfortunately does not always tell us what to do about it.

The problem of sex deviation and the sex criminal is not unlike other social and medical problems. Constitutional and environmental factors are likely both present in varying degrees in each offender. Cultural, religious, philosophical, moral and economic factors may well play a part in varying degrees. As an example of the latter factor, a case is described by a colleague, Major Carleton Taylor of Edmonton. This involved a serviceman who was befriended by a wealthy homosexual from whom he later received financial remuneration after granting this person homosexual favours. This was done because the serviceman, who had no serious homosexual interests, was badly in need of money because of numerous gifts he had purchased for his mistress at that time. He was apprehended and subsequently discharged from the service.

Johnson and Robinson[11] feel that perverse sexual behaviour develops from unconscious or, less frequently, conscious pathological fostering of deviant sexual behaviour, early in life, within the family setting. A parent may either act openly seductive towards a child, or may, by equivocation, foster behaviour oriented towards sexual deviation. This writer agrees with their opinion that definitive psychiatric therapy is a prodigious task in both the adolescent and adult sexual deviant, and that *it is futile in patients who show no compelling motivation for treatment.* They feel that there should be education of well-intentioned parents who do not observe proper and healthy rules of modesty in the home. They admonish pediatricians and family physicians to face the unequivocal truth that all degrees of seduction and sexual stimulation occur all too commonly in the home, and in families which exhibit every *outward* aspect of respectability, decency, and conformity with convention.

Ellis, Brancale and Doorbar[12] of the New Jersey Diagnostic Center for Sex Offenders suggest certain recommendations for the prevention of sex crimes: (1) To reduce drastically the number of sex offences on the statute book (e.g. why should sex perversion between two *mutually consenting* adults be considered a crime?). (2) To increase the amount and objectivity of sex instruction. (3) To encourage a much more liberal, socially sanctioned heterosexual participation on the part of young people.

(The author of this paper does not necessarily agree with the last recommendation of Ellis *et al.*, in terms of its potential to reduce the number of sex crimes.)

The core of sex crime, then, is that of inability to appreciate oneself as being "masculine" in one's own eyes, and to be inadequate sexually to a degree that one is unable to form satisfactory relationships with the opposite sex. There may be marked hostility directed to women in general, or the individual involved may derive sensual pleasure from inflicting violence upon others. Should this hostility erupt in an uncontrolled fashion, the beating of one's partners may take place, and rape, or the murdering of one's victim—a woman or child —may be the outcome. Such assaultive sex crimes comprise only a minority of all sex crimes, but these naturally receive the major share of publicity in the lay press.

Let it be stressed that all sex deviates are not sex criminals, e.g. a fetishist is not a sex "criminal" as such. Certain types of deviation are listed in the criminal code, and if a deviate commits one such type of act he becomes a sex criminal, whether or not he is apprehended. The majority of sex criminals are not dangerous in terms of being potential murderers, contrary to popular belief. In criminal sex acts, attention is usually "forced" upon the victim—as in the case of rape, exhibitionism and pedophilia.

When criminal sexual behaviour takes place, it is perpetrated upon a woman, a man or a child, but in all cases, sexual gratification is attained from a goal less than the ideal, mutually acceptable, heterosexual relationship. Hopefully, such a heterosexual relationship is complete with sincerity, mutual respect, compassion and love.

To hope that in the immediate future all sex deviates and sex criminals can be "cured" with "treatment" is at the present time to be naïve and idealistic. We are undoubtedly heading in the right direction, but society's hoped-for goal in this problem area remains as yet distant, and perhaps not completely attainable.

SUMMARY AND CONCLUSIONS

Sex criminals are usually men with underlying feelings of inadequacy regarding their own masculine status, and so seek less than an ideal heterosexual relationship with a mature woman as an optimum sexual outlet. This psychopathology is for the most part below the level of consciousness: the offender has incomplete awareness of his feelings and attitudes in this area.

The personality makeup of the majority of persons guilty of sex crimes, often, but not always, contains strong evidence of psychopathic behaviour, inferring relative lack of social and moral conscience. This augurs poorly for a successful treatment outcome in these particular men. Where the basic personality is not so affected, the prognosis is more favourable. It would be fair to say that the prognosis for the tendency to deviate sexually is the prognosis of the underlying personality or personality disorder.

Several case histories involving the most typical kinds of sex deviation—homosexuality, exhibitionism, pedophilia—are presented, and in these cases there is evidence of a prevailing "castration anxiety" with feelings of masculine inferiority.

The problem in general, involving causation, clinical findings, results of investigations and treatment, and social implications, is discussed. It is stressed that there is no one single objective form of treatment for sex deviates, criminal or otherwise. Results vary between different workers. Group and individual psychotherapies are the major forms of treatment available. Many of the strongly psychopathic personalities involved in sex crime are unfortunately refractory to such measures.

The author wishes to express his gratitude to Dr. Keith A. Yonge, Professor and Director of the Department of Psychiatry, University of Alberta, Faculty of Medicine, and the University of Alberta Hospital, for his helpful criticisms and recommendations regarding the writing of this paper, and to Mrs. Sheila Harrison and Miss Betty Davies for their assistance in preparing the manuscript.

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RÉSUMÉ

A la base du crime sexuel est l'incapabilité de l'individu de s'accepter comme être entièrement masculin et une insuffisance sexuelle assez prononcée à rendre impossible des relations satisfaisantes avec l'autre sexe. On trouve ou une hostilité prononcée contre les femmes en général ou l'individu en question prend un plaisir sensuel de l'emploi de violence contre des autres. Si cette hostilité éclate sans restraints, il est possible que le partenaire soit battu et un viol ou le meurtre du victime—une femme ou un enfant—peut en résulter. Les crimes sexuels violents de ce genre ne forme qu'une minorité parmi tous les crimes sexuels, mais naturellement ils reçoivent la plus grande publicité dans la presse laïque.

Un conduite sexuelle anomale est donc infligée à une femme, à un homme ou à un enfant, mais dans tous les cas la satisfaction sexuelle est obtenue par un but inférieur à la relation hétérosexuelle idéale et mutuellement acceptable. Dans les meilleurs cas les relations hétérosexuelles sont pleines de sincérité, de respect mutuel et d'un amour tendre.

En général cette psychopathologie se trouve au dessous du niveau de conscience et par conséquent la malade ne se rend compte qu'insuffisament de ses attitudes et sentiments sexuels. Si le malade souffre d'une personalité évidemment pathologique, c'est-à-dire s'il a des défauts du sens social et moral, les résultats de traitement sont souvent très médiocre. La psychothérapie individuelle ou en groupes et la méthode principale de traitement qui se trouve à notre disposition. Un seul mode de traitement objectif des perversions sexuelles, qu'elles soient criminelles ou non, n'existe pas. Les résultats de thérapie diffèrent d'auteur à auteur.

Le problème du crime sexuel en général est discuté, y compris les causes, les signes cliniques, les résultats des investigations et traitements et les conséquences sociales. Quelques dossiers des cas les plus typique de perversion sexuelle, à savoir l'homosexualité, l'exhibitionisme et la pédophilie, sont présentés.

Il est souligne que toute thérapie psychiatrique définitive d'un pervers sexuel, adolescent ou adulte, est une tâche énorme et qu'elle est en vain chez des malades sans désir sincère de se faire traiter.

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PAGES OUT OF THE PAST: FROM THE JOURNAL OF FIFTY YEARS AGO

THE MARITIME MEDICAL NEWS

In the *Maritime Medical News* for December an important announcement is made to its readers, which with all proper humility and thankfulness we reproduce in part.

"There has been, for a long time, a feeling that we in Canada should have a journal, somewhat on the lines of the *British Medical Journal*, a journal which should serve the interests of the profession throughout the Dominion. It was natural that the impulse should come first from the Canadian Medical Association. Whether or not, in course of time, the Association may, as in the case of the British Medical Association, be represented in every part of the country by branches, forming the local medical societies, there can be no doubt that a journal conducted by the Canadian Medical Association, publishing the papers read at its annual meetings, and such other articles as might be contributed, discussing matters of importance to the whole profession, such as medical reciprocity, giving from time to time a conspectus of medical progress in general, and such items of home and foreign medical news as would be interesting to us all, would be at once an interesting paper and a powerful factor in binding our scattered interests in one Canadian whole. More than a year ago, at the Winnipeg meeting, sanguine spirits hoped for the appearance of such a journal during the present year. There were lions in the way and it is only after an immense amount of hard work and a great deal of mutual concession that the Finance Committee of the Canadian Medical Association is in a position to issue the circular we have just quoted. Knowing, as we do, the high aims of those who have struggled so hard to found this journal, and the distinguished ability of those directly in charge of it, we have great confidence in urging all our readers to subscribe for it. And this brings us to consider our own relations to the new journal.

"The *Maritime Medical News* was founded in 1888 by Dr. Arthur Morrow, now residing in Kalispell, Montana, and has, we believe, served a useful purpose, and has been, to some degree, a bond of union to the profession in the Maritime Provinces. It must be evident that the new journal, if successful in its aims, will serve a much wider purpose and must tend to unify the interests of our profession throughout the Dominion. A careful consideration of all these circumstances has led the shareholders and editors of the *Maritime Medical News* to the conclusion that it is their duty to further, as far as possible, the interests of the new journal, as they believe their interests are also those of the medical men of Canada, and they have, therefore, resolved to suspend the publication of the *Maritime Medical News* with the current issue. If, at some future time, it should appear to be in the interests of the profession in these Maritime Provinces to have a journal representing local and special needs, we have no doubt men will be found able and willing to resuscitate and revivify this slender body of ours. And now to all our readers a kindly farewell! To the new Journal our hearty and loyal good wishes, and to all our comrades from Sydney to Victoria (and not forgetting Newfoundland) a Happy New Year!"—Editorial, *Canadian Medical Association Journal*, 1: 58, January 1911.